# **STATE OF MONTANA**

**APPLICATION** 



**REGISTRATION or RENEWAL** of ASSUMED BUSINESS NAME

MAIL: LINDA McCULLOCH

Secretary of State P.O. Box 202801

Helena, MT 59620-2801

PHONE: (406) 444-3665 FAX: (406) 444-3976 **WEB SITE:** sos.mt.gov

Prepar	e, sign, and submit with an original signature and filing fe
	This is the minimum information required.

are, sign, and submit with an original signature and filing This is the minimum information required.	; f	
(This space for use by the Secretary of State only)	Ī	
Filing Fee: \$20.00		
$\square$ 24 Hour Priority Filing add \$20.00		
$\square$ 1 Hour Expedite Filing add \$100.00		
orrectly states the type of entity that it is, or incorrectly		
Business Name:		
o\Day\Yr):		

PLEASE CHECK ONE BOX:			
Registration of Assumed Business Name (30-13-203, MCA) \$20.00			
⊔ Re	newal of Assumed Business Name (30-13-207, MCA) \$20.00		
1.	The Assumed Business Name is:		
	An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is, or incorrect that it is a type of entity other than the type of entity that it is 30-13-202, MCA.		
2.	The description of the business transacted under the Assumed Business Name:		
3.	The date the applicant first used the assumed business name (Mo\Day\Yr):		
4.	The applicant is (check one and complete where appropriate):     A Corporation		
	□ A Limited Liability Company		
	<ul><li>☐ Association (Attach the names and addresses of members)</li><li>☐ An Individual</li></ul>		
	☐ Limited Liability Partnership (Attach the names and addresses of partners)		
	☐ A Partnership (Attach the names and addresses of the partners or write below)		
 5.	The name and address of the applicant are as follows:		
Name	b:		
	ess:		
City: _	State: Zip Code:		
I, HER	EBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this Application are true.		
<u></u>			

#### **HELP SHEET: Application for Registration or Renewal of Assumed Business Name**

Filing Fee. Please submit this form with a filing fee of \$20.00 by check or money order.

**Assumed Business Name**. When listing the name to be registered be sure to emphasize the spaces in the name, especially between initials. An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is or incorrectly implies that it is a type of entity other than the type of entity as specified in <u>30-13-202, MCA</u>.

Date of Application. You may register an Assumed Business Name up to 90 days prior to beginning business.

**Date the Assumed Business Name was first used**. Please indicate a month, day and year. If first date of use is when you register, please put date of registration. There is no penalty if you conducted business under the name prior to the date of application. This date simply establishes your right to the use of the name.

**Applicant**. The applicant can be a corporation, a limited liability company, an association, an individual, a limited liability partnership, a partnership, or another organization. Be sure that the box you check in number four corresponds with the name and address you use for the applicant in number five. For example, if you check "A Corporation" in number four, then you need to write in the name and address of the corporation in number five.

If the name of the partnership is different from the assumed business name, the partnership name must also be registered with the Secretary of State. This requirement is not necessary for a limited liability partnership.

If the applicant is a limited partnership or a corporation, the limited partnership or corporation must be registered with the Secretary of State.

**Trademarks and Assumed Business Name**. The successful filing of an Assumed Business Name application does not necessarily guarantee availability of a trademark. Please read <u>30-13-311</u>, <u>MCA</u>, and seek the advice of a professional to determine the appropriate application.

Renewal. Registration of Assumed Business Names needs to be renewed every five years in accordance with <u>30-13-206</u>, <u>MCA</u>. If mailing address changes, be sure to notify the Secretary of State's Office because this listing is used to notify the applicant of renewal dates.

Revised: 1/5/2009

## **GENERAL INSTRUCTIONS**

Please type or print clearly when filling out this form.

#### ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

## PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

# **SUBMISSION**

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State PO Box 202801 Helena, MT 59620-2801

#### **CONTACT US**

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.